

Status of Federal Budget, Labor- HHS-Education Appropriations

SOPHE

August 3, 2011

Richard Hamburg
Deputy Director



Who We Are

- Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

Our mission:

□ **Prevention: A Vital Prescription**

- More than 90 million Americans live with chronic disease, accounting for seven of ten deaths in the US. Amazingly, the majority of these deaths are preventable, yet America continues to accept that people will inevitably become sick. Rather than concentrating primarily on treatment, we need to prevent illnesses in the first place, particularly for those most at risk. TFAH believes that preventing disease and stopping epidemics everyday requires a strong, effective, and responsive public health system.

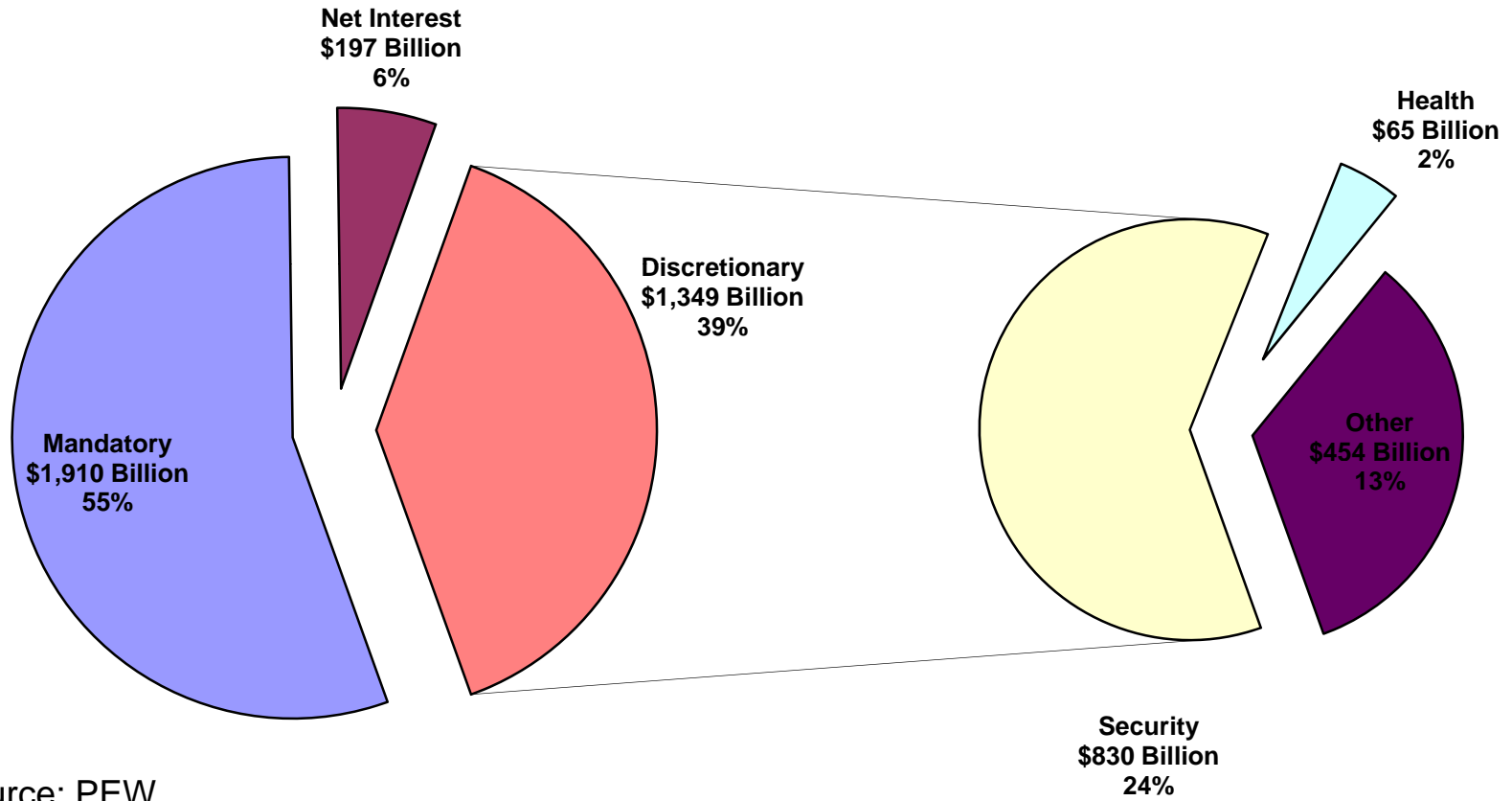
□ **Protection: Accountability and Action**

- It is important to hold officials accountable for their performance on public health issues and activities. TFAH provides real leadership to ensure that systems are constantly being evaluated, assessed, and enhanced. By motivating officials to improve and by advocating for increased resources and support for public health, TFAH is the non-profit, independent voice advocating to improve our lives, our communities, and our health.

□ **Community: Improving the Health of Every American**

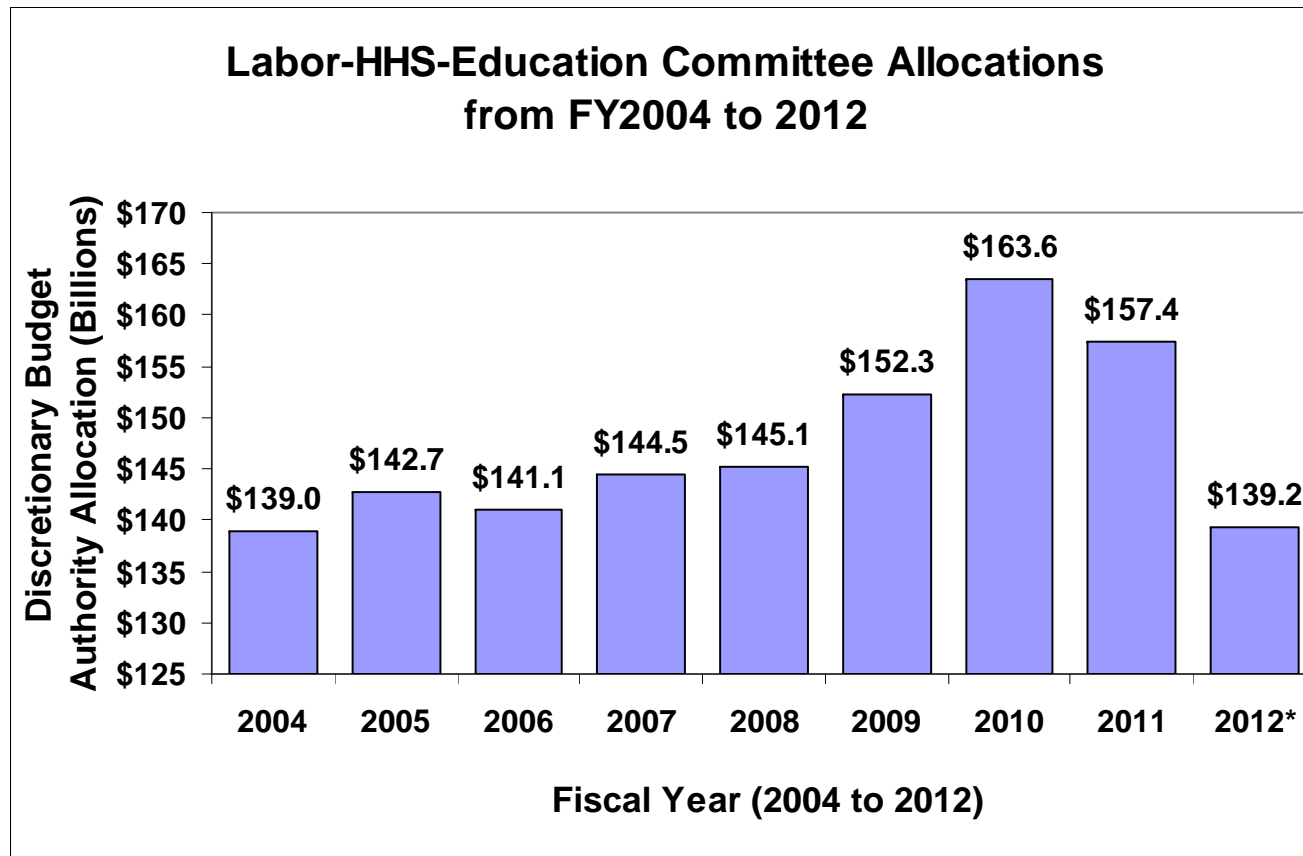
- Improving people's health begins with strong, well-prepared communities, and we will not succeed until we can move people from apathy to alarm and from alarm into action. We conduct science-based research, issues meaningful reports that spark change, shares best practices, and demands that our public health system works to fight current and emerging health threats of all kinds.

Components of Federal Outlays, Fiscal Year 2010



Source: PEW

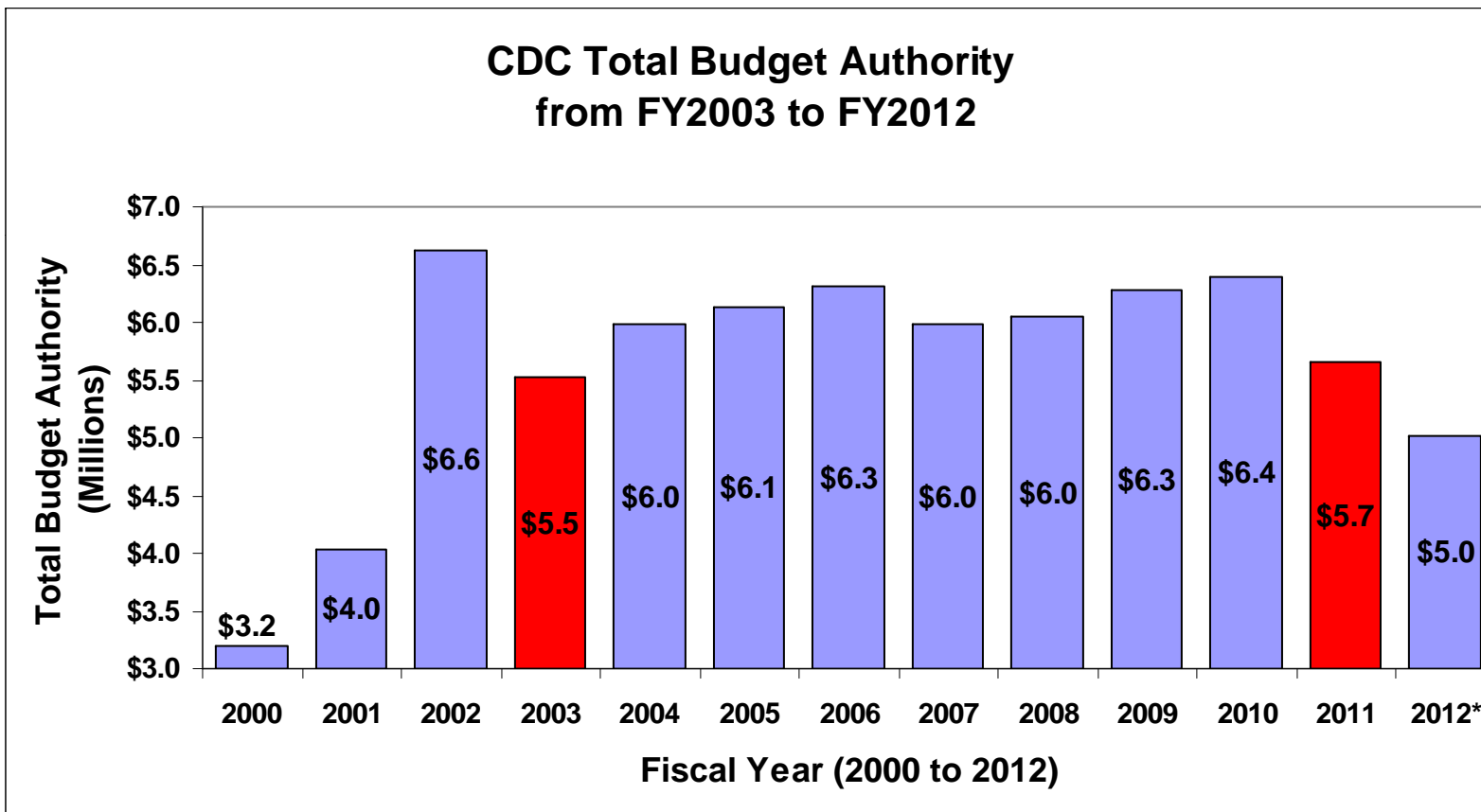
FY12 Budget Debate



* FY2012 is based on House Appropriations Committee target - "Ryan Budget."

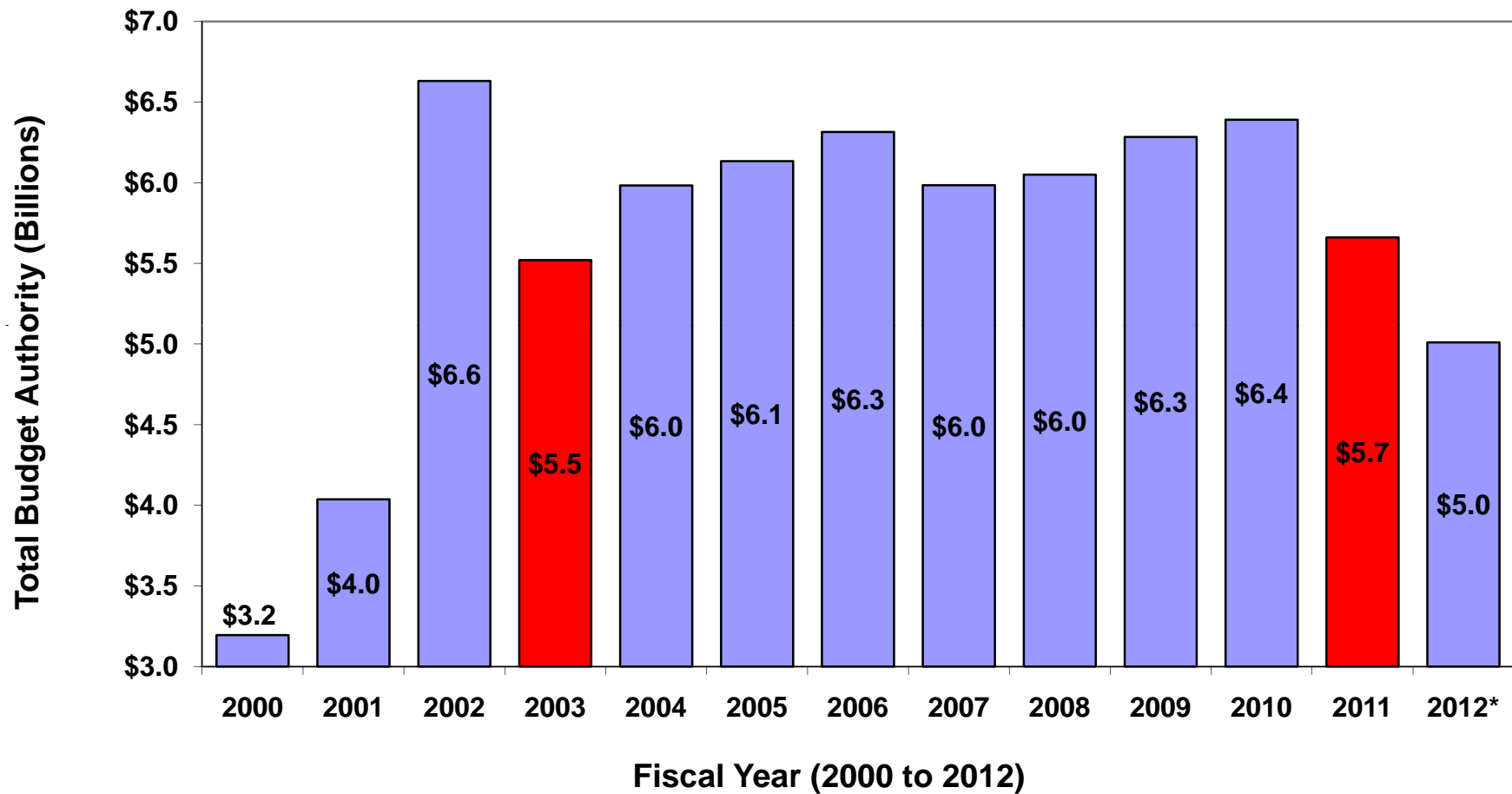
Source: Committee on Education Funding

FY12 Budget Debate



* FY2012 value is a projection based on the percent decrease from 2010 to 2011 (11.42%).

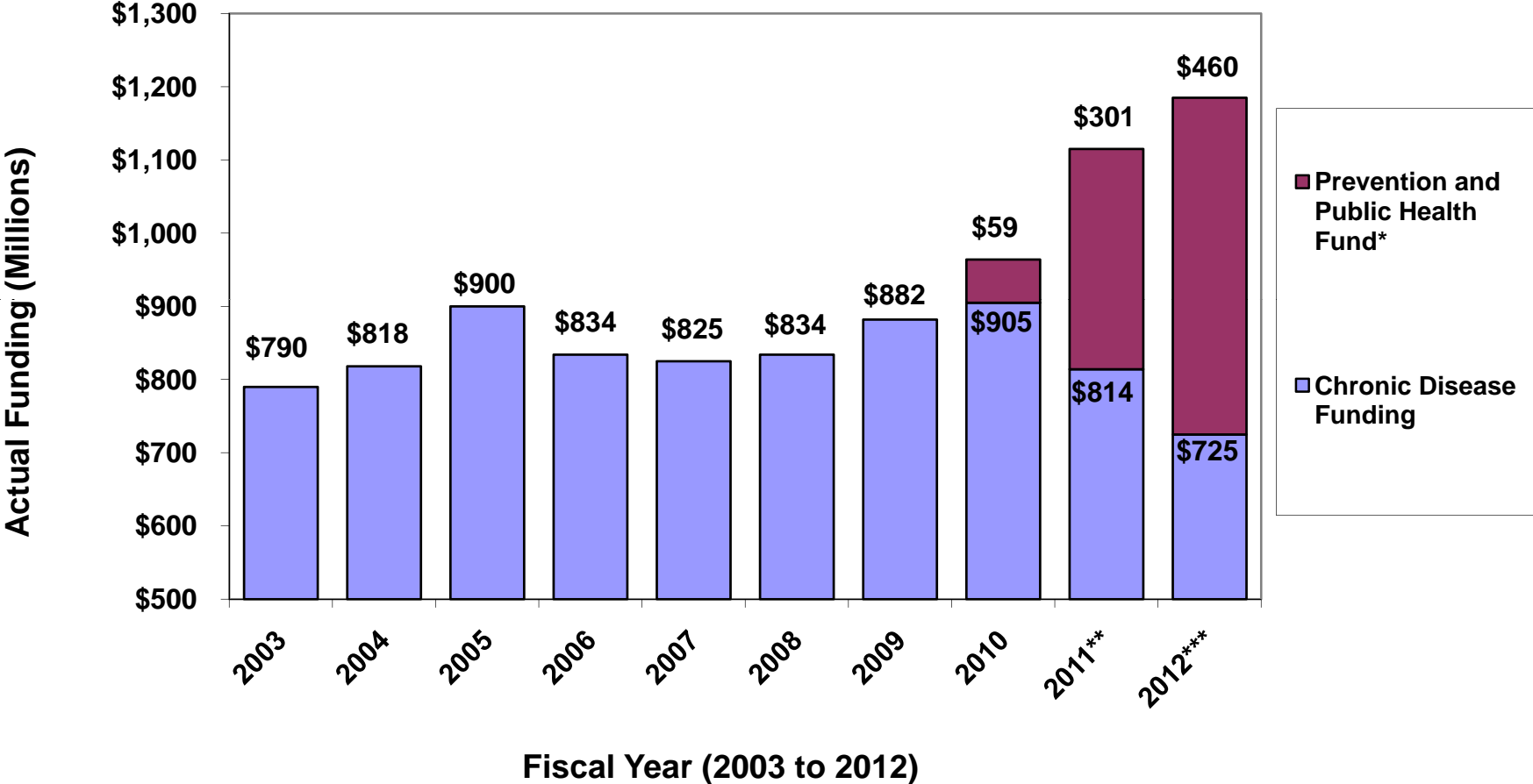
CDC Total Budget Authority from FY2003 to FY2012



*Terrorism funding was not part of CDC budget until 2005; therefore, pre-2005 numbers appear inflated compared to CDC's BA, as terrorism has been added separately

** 2012 value is projected based on percent decrease from 2010 to 2011 (11.42%)

CDC Chronic Disease Funding from FY2003 to FY2012

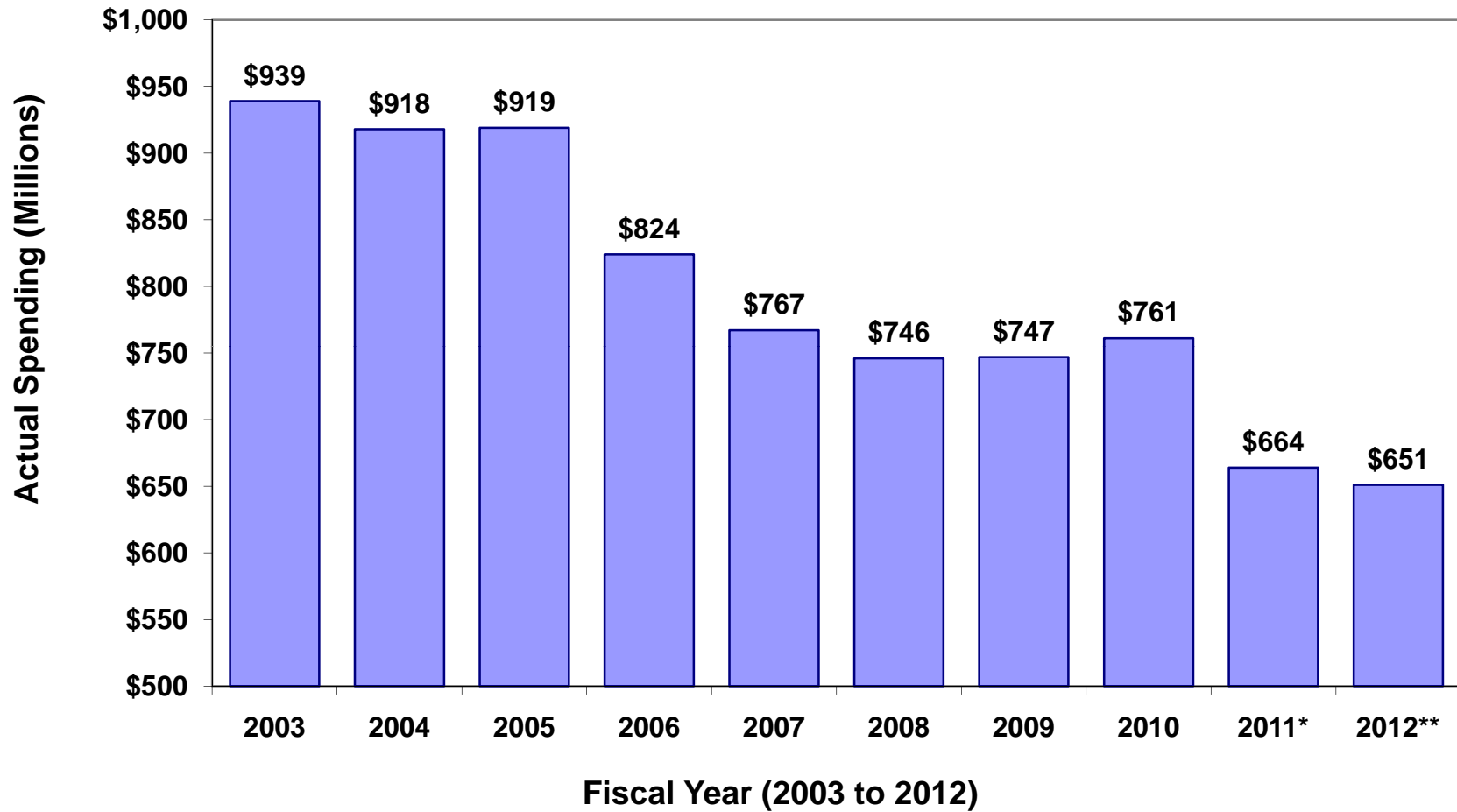


*FY 2010-2012 CDC values are supplemented by the Prevention and Public Health Fund

** FY2011 value is "enacted" value, while the other FY values are "actual"

*** FY2012 value (excluding the Prevention and Public Health Fund) represents the President's Budget request

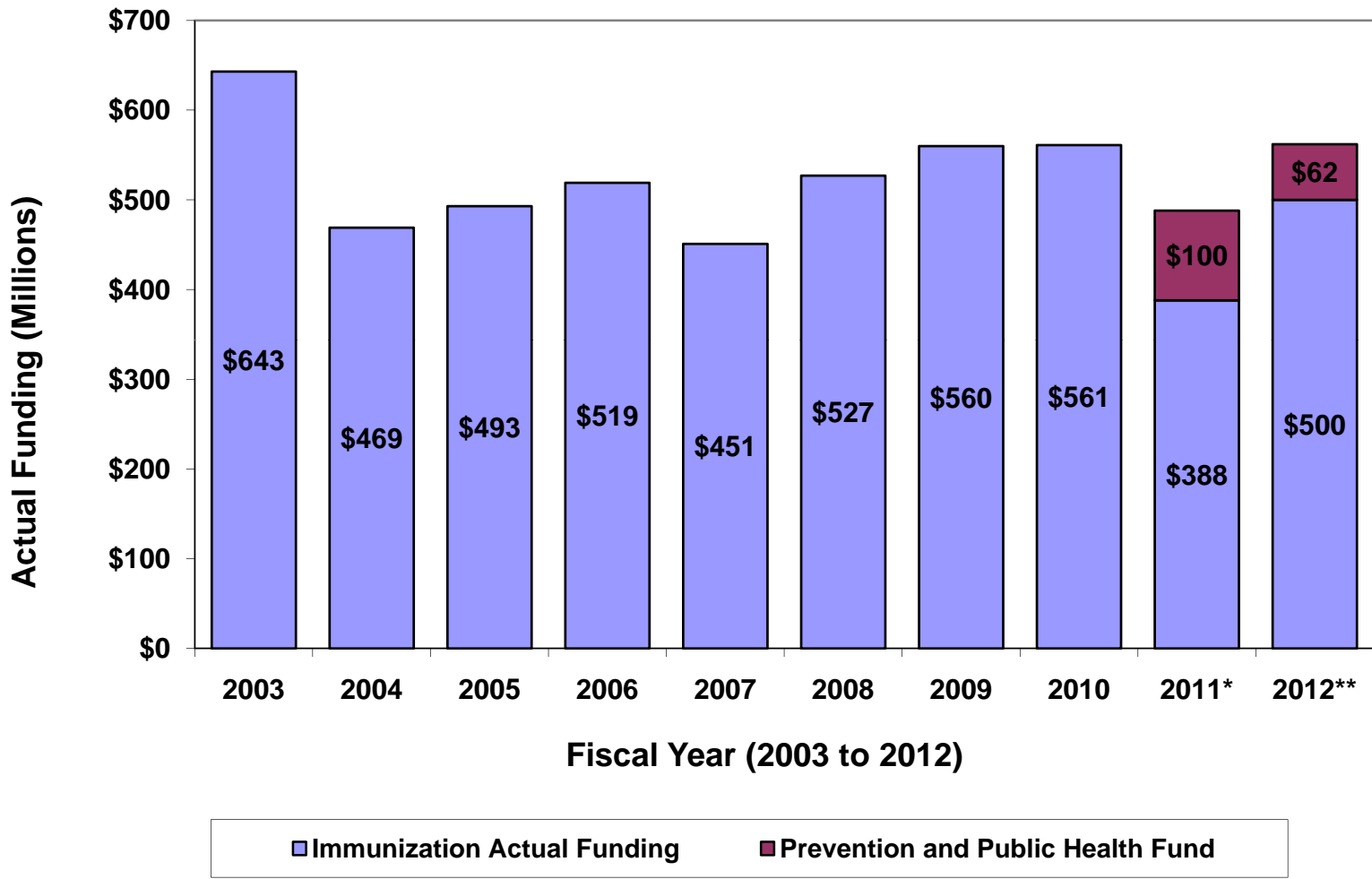
Bioterrorism (State/Local Capacity) Discretionary Funding from FY2003 to FY2012



*FY2011 value is "enacted" value, while the other FY values are "actual"

** FY2012 value represents the President's Budget request

Immunization Discretionary Funding from FY2003 to FY2012



*FY 2011-2012 CDC values are supplemented by the Prevention and Public Health Fund

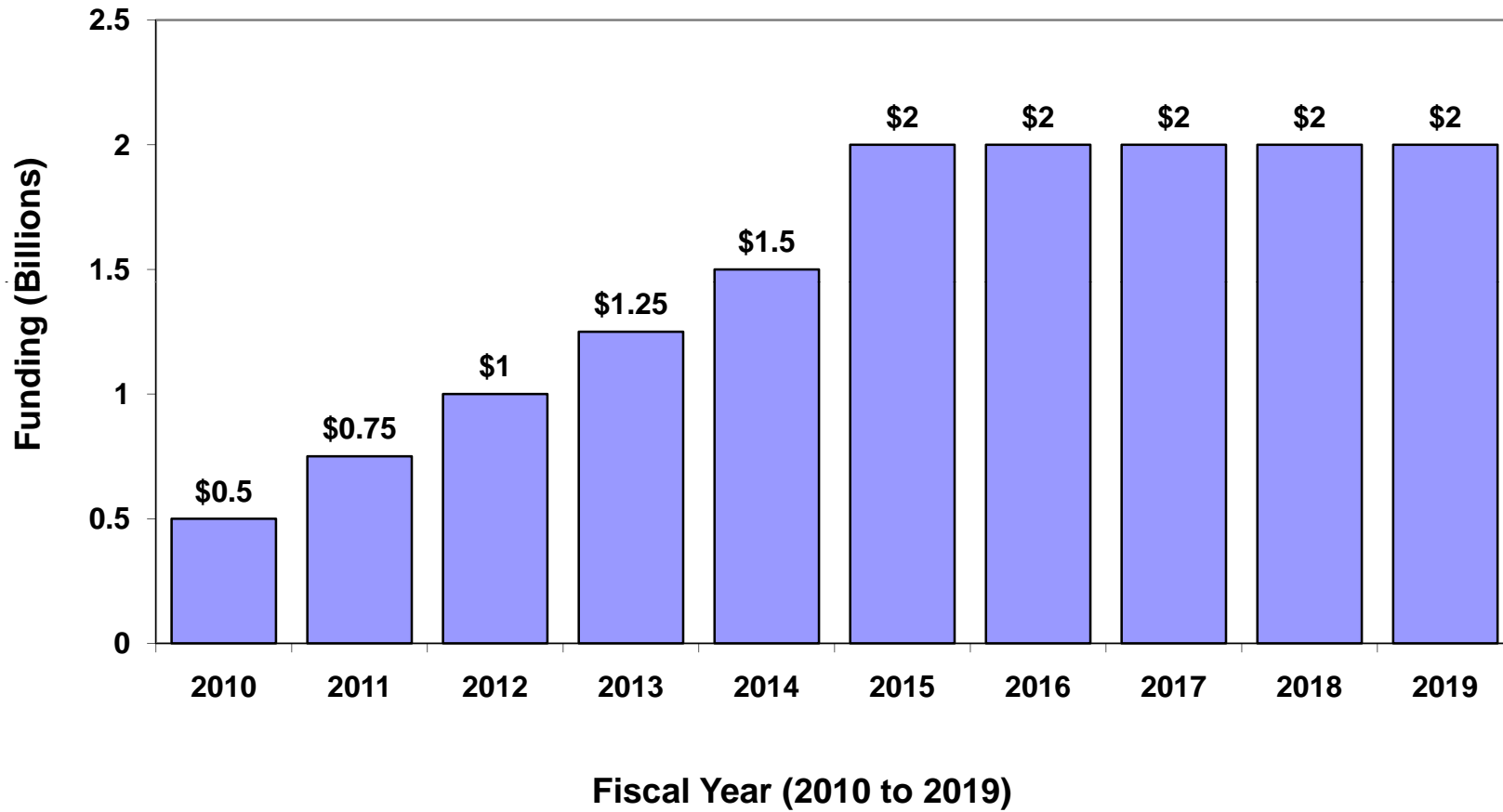
** FY2012 value represents the President's Budget request

Real money through mandatory appropriations



- Prevention and Public Health Fund: **\$17.75 billion** over next 10 years (permanent authorization at **\$2 billion** a year)
 - \$500 million allocated for FY 2010, and \$750 million for FY 2011. President's budget, released February 14th proposes additional \$1 billion for FY 2012

Public Health and Prevention Fund Allocations FY2010 to FY2019



Fiscal Year 2010 – \$250 million for public health and prevention

- ❑ \$44 million for approved but not funded ARRA grants
- ❑ \$16 million for tobacco cessation activities
- ❑ \$16 million for obesity prevention and fitness
- ❑ \$20 million for Epi and Lab Capacity state grants
- ❑ \$50 million for state public health infrastructure
- ❑ \$30 million for HIV/AIDS
- ❑ \$8 million for public health workforce
- ❑ \$10 million for Community and clinical preventive services task forces

FY 2011 - \$750 million

- CDC operating plan submitted to Congress – 5/13/11
 - \$145 million for Community Transformation Grants
 - \$42.2 million for Chronic Disease State Grants
 - \$40 million for Epidemiology and Lab Capacity
 - \$10 million for Prevention Research Centers
 - \$14 million for community and clinical task forces
 - \$100 million for childhood immunizations
 - \$40.2 million for public health infrastructure

FY 2012 (proposed) - \$1 billion

- Proposed in President's Budget on February 14th
 - \$221 million for Community Transformation Grants
 - \$157.7 million for Chronic Disease State Grants
 - \$79 million for tobacco cessation
 - \$40 million for Epidemiology and Lab Capacity
 - \$20 million for injury prevention
 - \$40 million for public health infrastructure
 - \$30 million for HIV/AIDS

The Budget Deal

- 10 year discretionary spending caps, \$900+ billion in savings
- Increases debt limit by \$2.1 trillion
- Bipartisan committee to identify addtl. \$1.5 trillion in deficit reduction
- If committee doesn't complete its job by 11/23, and no full vote by 12/23 spending reductions triggered, 50/50 domestic/defense (Social Security, Medicaid and Low-income programs exempted)
- Once committee allocations are made, will have a greater sense of the scope of cuts for FY 2012
- Keep in mind that even under the President's proposed FY 2012 Budget, CDC would have faced a \$574 million cut (\$8.8%)
- Non-security discretionary FY11 (\$361B) House/Ryan FY12 (\$324B)
Budget deal FY12 (\$359.0B) – {guesstimate, apples to apples)

Challenges to the Prevention Fund

- Why defend it?
 - Mandatory nature – only source of assured new funding in tight fiscal times
 - Source of \$ for transformative change
- What's the objection?
 - It's part of the ACA
 - Mandatory = contributes to deficit
 - Claim that Congress has no control over how spent
 - Untrue: Secretary only acts if Congress doesn't

Current risk assessment

- House voted to repeal ACA
- House voted to repeal Prevention Fund
- Successfully protected in the FY11 budget deal
- Debt Ceiling/FY 12 – Impact to be determined
- Cuts in CDC base undermine value of Fund
 - Is Congress/Administration making a conscious trade off?
 - Can we maintain transformative nature of the Fund – i.e. limit supplantation?

Remaining questions

- How will the deal affect health programs in the FY 2012 budget process?
- Who will be on the Committee? Any prevention champions?
- What will be included in that round of cuts? Will need to continue working to keep the Prevention Fund off the table.

Contact information

Please visit www.healthyamericans.org to view the full range of Trust for America's health policy reports.

www.healthyamericans.org/health-reform

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Elementary and Secondary Education Act The Case for Health & Physical Education

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Karen Johnson, 2kConsulting, working on behalf of
AAHE

Elementary and Secondary Education Act (ESEA)

What is it??

--U.S. federal statute that authorizes funds for public education

--First enacted in 1965



ESEA Background

- Law requires it to be “reauthorized” every 5 years
- Current “reauthorization” is the No Child Left Behind Act of 2001 (NCLB)
- “Reauthorization” is now 4 years past due!
- Teachers, school boards, etc. want change!



ESEA Background

- Funds are authorized for professional development, instructional materials, resources to support educational programs
- The Act explicitly forbids the establishment of a national curriculum



Current ESEA (NCLB)—The Problem

- ESEA definition of “core academic subjects” omits physical education and health education
- Subjects are marginalized in schools
- Teachers not required to be HQT
- No Title II professional development funds may be spent on PE or HE



Current Status of Health Education in US

- States that require instruction in all 14 health topics:
ES: 5.9% MS: 27.2% HS: 21.6%
- States that have specified time requirements for at least 1 health topic: ES: 19.6% MS: 66.8% HS: 60.8%

CDC School Health Policies and Programs Study 2006



Current Status of Physical Education in U.S.

- Only 6 states require daily physical education K-12.
- Schools that actually provide daily PE:
ES: 3.8% MS: 7.8% HS: 2.1%
- More states allow exemptions and/or waivers out of PE classes than ever before.



Benefits of HE and PE

- Academic achievement, including attention, concentration
- Reduces risky health behaviors
- Reduces absenteeism
- Ensures health literacy
- Increases likelihood of active adulthood



PHYSICAL Act, S. 392

- Senator Tom Udall (D-NM)—Fern Goodhart
 - Elevates PE and HE to Core Academic Subject status in ESEA
 - Reauthorizes PEP as stand-alone program
 - Creates Health Education grant program
 - Refocuses and renames OSDFS as Office of Safe & Healthy Students



US Rep. Marcia Fudge Back-to-School Bill

- NASPE, AAHE, SOPHE have been working with Cong. Fudge on anti-obesity legislation
- Staff have now agreed to include our PHYSICAL Act language in their back-to-school bill
- To be introduced this week

WHAT CAN YOU DO?



Contact Members of Congress

Our message:

As the US House and Senate continue to work towards reauthorization of ESEA and provide greater flexibility to schools and school districts, please ensure that Health Education and Physical Education are included in any ESEA reauthorization bill as an allowable use of federal funding.



The US House Education and Workforce Committee -- Republicans

- [Rep. John Kline](#) (MN-02), Chairman
- [Rep. Thomas E. Petri](#) (WI-06)
- [Rep. Howard P. "Buck" McKeon](#) (CA-25)
- [Rep. Judy Biggert](#) (IL-13)
- [Rep. Todd Platts](#) (PA-19)
- [Rep. Joe Wilson](#) (SC-02)
- [Rep. Virginia Foxx](#) (NC-05)
- [Rep. Bob Goodlatte](#) (VA-06)
- [Rep. Duncan D. Hunter, Jr.](#) (CA-52)
- [Rep. Phil Roe](#) (TN-01)
- [Rep. Glenn Thompson](#) (PA-05)
- [Rep. Tim Walberg](#) (MI-07)
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- [Rep. Tim Walberg](#) (MI-07)
- [Rep. Scott DesJarlais](#) (TN-04)
- [Rep. Richard Hanna](#) (NY-24)
- [Rep. Todd Rokita](#) (IN-04)
- [Rep. Larry Bucshon](#) (IN-08)
- [Rep. Trey Gowdy](#) (SC-04)
- [Rep. Lou Barletta](#) (PA-11)
- [Rep. Kristi Noem](#) (SD-At Large)
- [Rep. Martha Roby](#) (AL-02)
- [Rep. Joe Heck](#) (NV-03)
- [Rep. Dennis Ross](#) (FL-12)
- [Rep. Mike Kelly](#) (PA-03)

The US House Education and Workforce Committee -- Democrats

- [George Miller](#) (CA-07), *Ranking Member*
- [Dale E. Kildee](#) (MI-05)
- [Donald M. Payne](#) (NJ-10)
- [Rob Andrews](#) (NJ-01)
- [Bobby Scott](#) (VA-03)
- [Lynn Woolsey](#) (CA-06)
- [Rubén Hinojosa](#) (TX-15)
- [Carolyn McCarthy](#) (NY-04)
- [John F. Tierney](#) (MA-06)
- [Dennis Kucinich](#) (OH-10)
- [Rush D. Holt, Jr.](#) (NJ-12)
- [Susan Davis](#) (CA-53)
- [Raúl Grijalva](#) (AZ-07)
- [Timothy Bishop](#) (NY-01)
- [David Loebsack](#) (IA-02)
- [Mazie Hirono](#) (HI-02)

The US Senate HELP Committee

Democrats by Rank

Tom Harkin (IA)
Barbara A. Mikulski (MD)
Jeff Bingaman (NM)
Patty Murray (WA)
Bernard Sanders (I) (VT)
Robert P. Casey, Jr. (PA)
Kay R. Hagan (NC)
Jeff Merkley (OR)
Al Franken (MN)
Michael F. Bennet (CO)
Sheldon Whitehouse (RI)
Richard Blumenthal (CT)

Republicans by Rank

Michael B. Enzi (WY)
Lamar Alexander (TN)
Richard Burr (NC)
Johnny Isakson (GA)
Rand Paul (KY)
Orrin G. Hatch (UT)
John McCain (AZ)
Pat Roberts (KS)
Lisa Murkowski (AK)
Mark Kirk (IL)

Contact Members of Congress

Call their office

Send a letter

Send an email

Request a meeting

Tips for Contacting your Members

- Emphasize your expertise
- Make it LOCAL -- You are a constituent (VOTER!)
- Strength in numbers (activate your grassroots)
- Ask for a commitment
- Follow up!

Use the August recess to ask for a meeting, if schedules don't work, keep asking into the fall.